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FORM D

Services in a section

SEP 12 2000

Washington, DC

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: Sept. 30,2008
Estimated average burden
hours per response.....16.00

SEC USE ONLY								
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DATE RE	CEIVED							
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Name of Offering (check if this is an amendment and name has changed, and indicate change)
\$700,000 Senior Secured Rural America Bond Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Cabarrus County Farm Bureau, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
210 Branchview Drive, Concord, North Carolina 28026
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business
farming
Type of Business Organization Corporation Itimited partnership, already formed Other (please specify): SEP 1 9 2008
business trust limited partnership, 10 be formed THOMSON DELITEDS
Month Year Actual or Estimated Date of Incorporation or Organization: 014 613 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230 501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION ————————————————————————————————————
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the iss
· Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Porter, Tommy PRESIDENT
Business or Residence Address (Number and Street, City, State, Zip Code) 210 Branchview Drive, Concord, NC 28026
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

[B. IN	FORMATI	ON ABOUT	r offerin	١G				
	Hacthe	icenpe endd	, or does th	e issuer in	tend to sel	l to non-se	credited in	vestors in	this offeri	ng?	***************************************	Yes	No ⊠
1.	mas the	1220c1 2010	, or does th			Appendix,						l	te:
2. What is the minimum investment that will be accepted from any individual?										***************************************	s_100	00.000,	
7	Doorth	. offarina e	aurmit inint	awnershir	n of a sino	le unit?						Yes □	.No ₽ ₹]
4.	 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any 										_	ے	
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
	or states	, list the na	me of the b	roker or de	aler. If mo	ere than five	(5) person	s to be liste	ed are asso	ciated pers	ons of such		
Ful			first, if indi			-							
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Bu	siness or l	Residence	Address (N	umber and	Street, Ci	ny, State, Z	ip Code)						
Na	me of Ass	ociated Br	oker or Dea	glet	_			·	-				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	or check	individual	States)	,						☐ All	States
	AL	AK	ΔZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	TL MT	IN NE	[IA] [NV]	<u>KS</u>] [NH]	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	(MN) (OK)	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT)	VA	WA	WV	WI	WY	PR
Fu	II Name (I	Last name	first, if indi	ividual)					 :				
Bu	siness or	Residence	: Address (ì	Number an	d Street, C	lity, State,	Zip Code)		· · · · · -			···	
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Na	me of Ass	sociated Bi	roker or De	aler									
Sta			Listed Has						-				1.6
	(Check	"All State:	s" or check	individual	States)					_		^I	1 States
	AL	AK	ΛZ	AR	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS]	[<u>ID</u>] [MO]
	IL MT	NE NE	LA NV	KS NH	[N]	NM	NY	NC)	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	II Name (Last name	first, if ind	ividual)								. ,	
Ru	isiness or	Residence	Address ()	Number an	d Street, C	ity, State,	Zip Code)						
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Na	ime of As:	sociated B	roker or De	alcr									
Sta			n Listed Ha									price .	1.0.
	(Check	"All State	s" or check	individual	States)		•••••					AI	1 States
	AL	ΔK	AZ	AR	CA	CO	(CT)	DE	DC MA	FL MI	GA MN	HI MS	MO
	(IL) (MT)	IN NE	IA NV	KS)	KY NJ	LA NM	ME NY	MD NC	ND	OH	OK)	OR	PA
	RI	[SC]	SD	(MI)	TX	UT	VT	VA	WA	WV	WI	$\overline{\mathbf{W}}$	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security 700,000.00 Common Preferred Partnership Interests s 700,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors § 700,000.00 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Sold Security Type of Offering Regulation A Rule 504 \$ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 2,000.00 Legal Fccs Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... 2,000.00 Other Expenses (identify) Bond Processing Fee

Total

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s696,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. [] S
	Purchase of real estate		☑ \$ 696,000.00
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬s	∩s
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
	Cite (Specie) /-	-	_
		s	
	Column Totals		
	Total Payments Listed (column totals added)	_	96,000.00
	D. FEDERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·
cia	be issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commisse information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of $\frac{1}{2}$.	ssion, upon writt	uie 202, the followi en request of its sta
İs	suer (Print or Type) Signature	Date Glas	0
С	abarrus County Farm Bureau, Inc.	4/3/0	<u>vð</u>
Na	ame of Signer (Print or Type) Title of Signer (Print or Type)	•	
۲,	mmy Porter President		

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniforn limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
	Print or Type) us County Farm Bureau, Inc. Signature Print of Type) Date 9 3 0 0
Name (Print or Type) Title (Print or Type)

President

Tommy Porter

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDLX										
	Intend to non-ac	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No		Number of Accredited Non-Accredited Investors Amount Investors Amount				Yes	No	
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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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1	to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					lification ate ULOE , attach ation of granted)		
State				Numbe Accredi		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR	<u> </u>						· · · · · · · · · · · · · · · · · · ·	 	 		

